PTO/SB/06 (08-03)
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┡			Sub	stitute for Form	PTO-875	ION	RECORD		A00	Cation or Doctor	Number 309
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE	FEE	7	RATE	
(37	CFR 1.16(a))					7		1	OR	1000	FEE
(37 (AL CLAIMS CFR 1.16(c))		minu	s 20 = ·		7	X 5 =				
(37 (EPENDENT CL CFR 1.16(b))	AIMS	minus 3 =				X 5 =	 	OR	X 8=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+1	 	OR OR	X \$=	
* If the difference in column 1 is less than zero, enter '0' in column 2.							TOTAL	 -	7	+ =	
				D - PART II		TOTAL	<u> </u>	_)	TOTAL	L	
(Column 1) (Column 2) (Column 3)							54444		OR	OTHE	R THAN
∢	10/. 1	CLAIMS	<u> </u>	HIGHEST	T	7 (SMALL	NIIIY	7	SMALL	ENTITY
AMENDMENT	Total	REMAINING AFTER AMENDMEN	п	PAID FOR	PRESENT Y EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Q7 CFR 1.1449	3	Minus	32		H	x s <u>25</u> =		OR	x : 50 =	· FEE
É	Independent (37 CFR 1.16(b))		ρ Mimus	6	1	1 [x s 100=		OR	x : 200 .	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1)7 CFR (1)8(4))					11	+:180=		OR	4,360.	
							TOTAL	•	1	TOTAL	
	Ree	(Column 1)		(Calumn 2)	(Cala)		ADD'L FEE		OR	ADO'L FEE	
	3/31/00	CLAIMS REMAINING AFTER AMENDMENT	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
8 .	Total pr cfr 1.16(cj)	31.	Minus	32	=./	l,	٠:25 -	LEE		×:50 =	FEE
AMENDMENT	independent (37 CFR 1.1694)	4	Minus	" b	-/		: 100 =		OR		
₹ ,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(9))					F	1180 -		OR OR	x s <u>200</u> = + 2360 =	
							OTAL ADD'L FEE		OR I	TOTAL	
		(Column 1)		(Column 2)	(Column 3)				OR	ADD'L FEE	
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total 17 CFR 1.16(e))	•	Minus	••	=	1,	s <u>25</u> =	FEE	_ }		FEE
	ndependent 17 OFR 1,16(b))	•	Minus	***	2		: 100 =		OR	x:50 - x: 200 ₌	
ξ F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))						:180= .		OR OR	+ 1360:	
• H					TO	OTAL DO'L FEE			TOTAL ADD'L FEE	· ·	
· ii	the Highest N	umber Previous	y Pald For	in column 2, write IN THIS SPACE I IN THIS SPACE Is	3 less than 20, er		or.				

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.